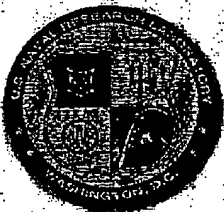


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Fax: (703) 872-9306
Phone:

From: Amy L. Ressing
Direct Phone: (202) 404-1558
Main Office Phone: (202) 767-3427
Fax: (202) 404-7380
Date: September 15, 2004

Message: Request for Statutory Invention Registration

Please find enclosed:

Request for Statutory Invention Registration PTO/SB/94 - 2 pages
Transmittal Form - PTO/SB/21 - 1 page
Fee Transmittal - PTO/SB/17 - 1 page

Cover Sheet + 4 pages

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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/090,630	
	Filing Date	3/6/2002	
	First Named Inventor	HSU, et al	
	Art Unit	1762	
	Examiner Name	Cleveland, Michael	
Total Number of Pages in This Submission	4	Attorney Docket Number	NC 83,661

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statutory Invention Request PTO/SB/94 (2 pages)
Remarks VIA Facsimile to: (703) 872-9306		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	26384 CUSTOMER NUMBER
Signature	<i>Amy L. Rensing</i>
Date	9/15/2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Amy L. Rensing
Signature	<i>Amy L. Rensing</i>
Date	9/15/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**2050.00****Complete if Known**

Application Number	10/090,630
Filing Date	3/6/2002
First Named Inventor	Hsu, et al
Examiner Name	Cleveland, Michael
Art Unit	1762
Attorney Docket No.	NC 83,661

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
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Account
Name

50-0281

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent	Multiple Dependent	-20** =	-3** =	X	=	X	=

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	88	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	1100.00
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	950.00
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**2050.00****SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Amy L. Rensing	Registration No. (Attorney/Agent)	45,814	Telephone	202-404-1558
Signature	<i>Amy L. Rensing</i>	Date	9/15/2004		

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SEP 15 2004

PTO/SB/94 (05-03)

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Request for Statutory Invention Registration

Application Number 10/090,630, or ☐ attached heretoFiled: 03/06/2002Titled: Method for preparing efficient low voltage phosphorsApplicant(s): Hsu, et al

A. In the above identified patent application, I hereby:

1. Request and authorize the Director of Patent and Trademark Office to publish the above identified regularly filed patent application as a Statutory Invention Registration. (35 U.S.C. 157)
2. Waive the right to receive a United States patent on the same invention claimed in the above identified patent application. These rights, which are waived, include those specified in 35 U.S.C. 183 and 271 through 289 as well as all attributes specified for patents in any other provisions of law other than title 35, United States Code. The waiver includes, but is not limited to, the remedies under 19 U.S.C. 1337 and 1337a, 22 U.S.C. 2356 and 28 U.S.C. 1498. (35 U.S.C. 157(c))
3. Understand that the above waiver will be effective pursuant to 37 CFR 1.293 upon publication of the Statutory Invention Registration to waive the inventor's right to receive a United States patent on the invention claimed in the Statutory Invention Registration. (37 CFR 1.293(b)(1))
4. State that, in my opinion, the disclosure and claims of the above identified patent application meet the requirements of 35 U.S.C. 112. (37 CFR 1.293(b)(3))
5. State that, in my opinion, the above identified patent application complies with the requirements for printing as set forth in the Rules of Practice for Patent Cases, 37 CFR Part 1. (37 CFR 1.293(b)(4))
6. Enclose the fee set forth in 37 CFR 1.17(n) or (o) for requesting publication of a Statutory Invention Registration:

- ☐ A first Office Action has not been mailed in the above application, 37 CFR 1.17(n) \$ _____
- ☒ A first Office Action has been mailed in the above application, 37 CFR 1.17(o) \$ 1840.00
- Request fee \$ 1840.00

MINUS BASIC FILING FEE, IF PREVIOUSLY PAID

- ☒ Basic filing fee for utility patent application set forth in 37 CFR 1.16(a);
- ☐ Basic filing fee for design patent application set forth in 37 CFR 1.16(f); or
- ☐ Basic filing fee for plant patent application set forth in 37 CFR 1.16(g)

Minus basic filing fee \$ 740.00Amount due \$ 1100.00

Payment charged to credit card _____ Form PTO-2038 is attached.

Amount enclosed by check or money order _____

Please charge Deposit Account No. 50-0281 the amount of \$ 1100.00If payment of any additional fee is required for publication of the Statutory Invention Registration, charge such amount to Deposit Account No. 50-0281

* Where this request is submitted at the time the application is filed, the filing fee is included in the fee.

(Page 1 of 2)

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PTO/SB/94 (05-03)

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- B. For printing of the Statutory Invention Registration front page, if desired, list below the name(s) of not more than 3 registered patent attorneys and agents OR alternatively, the name of a firm having as a member a registered patent attorney or agent. If no name is listed below, no name will be printed on the Statutory Invention Registration.

John J. Karasek, Reg. No. 36,182, Steven T. Hunnius, Reg. No. 48,304

Assignee for printing: United States of America, as represented by the Secretary of the Navy

- C. Name of assignee, if any, for printing on the Statutory Invention Registration see line above, would not fit here

Address (City and State or Country) NRL, Code 1008.2, 4555 Overlook Ave, SE, Washington, DC 20375

State of incorporation, if assignee is a corporation

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Donny K. Reading

Signature(s) (37 CFR 1.293(a))

☒ attorney or agent of record ☐ applicant(s) and any assignee

26384

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[Page 2 of 2]